PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(NAME OF PATIENT)

Blair County Drug and Alcohol Program, Inc.
(NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to:_____
(NAME OF PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE)

the following information: (NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE) **Please check the appropriate box(s)**

	ASAM Summary		Psychosocial/Diagnostic Summary
	Progress on Objectives		Liability Information and Funding
	Medical Information		Preliminary Diagnosis
	Attendance in Services		Summary of Progress in services
	Frequency of relapse and prognosis		Emergency Contact
	Other: specify		

The purpose of the disclosure authorized herein is to:

_____
(PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE)

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

_____
(SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

_____
(Date) (Print Name) (Signature of Participant)

_____
(Date) (Print Name) (Signature of Parent, Guardian or Authorized Rep. when required)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have been offered and ☐ accepted ☐ refused a copy of this form.